(Rs.perkg.)

Item	August, 2008	September, 2008	October, 2008	November, 2008
Gram dal	36.00	36.00	37.00	37.00
Tur/Arhar dal	43.50	45.50	50.00	50.00
Moong dal	38.00	41.00	44.00	47.00
Masoor dal	49.50	52.00	54.00	61.00
Urad dal	38.00	41.00	44.00	47.00

(c) Government is aware of the increase in prices of pulses and has been taking effective steps to bridge the gap between demand and supply of pulses and control the increase in prices. It has taken a number of steps as briefly stated below:-

1. Reducing import duties to zero.
2. Imposition of stock limit orders in the case of pulses. So far 11 States have implemented the stock limit order.
3. In order to improve the availability of imported pulses, the Government has already introduced a scheme by which Public Sector Undertakings (namely, STC, MMTC and PEC) and NAFED can import pulses and sell the same and losses, if any, up to 15% will be reimbursed by the Government.
4. Another scheme has been recently introduced under which the PSUs can import pulses and sell the same at a subsidy of Rs.10/- per kg to the State Governments for distribution of pulses through the Public Distribution System.
5. In addition, Government has in place the Food Security Mission, a Centrally Sponsored Scheme, whose objective is to increase the production of Pulses by 2 million tonnes by the end of 11th Plan. The estimated production of Pulses for 2007-08 is 15.11 million tonnes.

Expansion of facilities at Government hospitals

1316. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether to meet the increasing patient load and improve the medical facilities, Government propose to revamp and expand the existing infrastructure in the Government hospitals in the capital particularly in AIMS;

(b) if so, the details thereof;

(c) whether the strength of doctors and paramedical staff in Government hospitals do not exist as per ratio of population; and

(d) if so, the steps taken by Government to ensure that the patients are provided best possible treatment in Government hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) To meet the increasing workload and to improve the medical

facilities in the Government hospitals in the Capital including AIIMS, steps have been taken to upgrade the existing infrastructures. Expansion of various departments and improvement of the existing facilities in hospitals are ongoing process as per the needs.

Recently, additional posts of 214 Senior Residents and 120 Junior Residents Hospitals have been created for strengthening various departments in Safdarjung Hospital. The Paediatrics Department of Dr. RML Hospital has been expanded along with manpower. The present available manpower of doctors, nurses and paramedical staff is utilized in the best possible manner for providing maximum patient care.

Failure of States to implement Central Schemes

1317. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that child mortality and maternal mortality rate in India is very high;

(b) if so, the States which have recorded higher mortality rates;

(c) what are the schemes and programmes under his Ministry which are being implemented in States;

(d) what is their performance and how Ministry monitors such programmes, State-wise; and

(e) whether some States like Uttar Pradesh have failed to implement the schemes of Centre in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per the National Family Health Survey III (2005-06) the child mortality rate has shown declining trend over the years from 33 per thousand in NFHS I (1992-93) to 18 per thousand in NFHS III (2005-06).

The Maternal Mortality Rate (MMR) as per the Sample Registration Survey (SRS) of Registrar General of India has declined from 398 per hundred thousand in 1997-98 to 301 in 2001-03.

The State-wise estimates of child mortality and Maternal mortality are given in the Statement-I and Statement-II (*See* below).

(c) to (e) The Government of India has initiated several schemes to improve the health status of children and women in the country and to bring down the child and maternal mortality rate. The details are given in the Statement-II *(See* below). The progress is good. The Ministry of Health and Family Welfare has an elaborate monitoring and evaluation system for monitoring the progress of its programmes and evaluating its impact. The National programmes are monitored through external surveys and stringent internal monitoring by the National Rural Health Mission. All States, including Uttar Pradesh, are implementing the National schemes and programmes.

Statement-I

Statewise estimates of Child Mortality and Maternal Mortality rates

NFHS-I	1992-93	33
NFHS-II	1997-98	29
NFHS-III	2005-06	18